

**SAN BERNARDINO COUNTY**  
**DOMESTIC VIOLENCE SHELTER PROGRAM (PRESLEY)**  
**MONTHLY REPORT FOR \_\_\_\_\_**

Shelter Name

For Month & Year of \_\_\_\_\_

Contract #: \_\_\_\_\_

**A. SHELTER OR SAFE HOUSE SERVICES**

**NUMBER OF INDIVIDUALS RECEIVING SHELTER SERVICES DURING THE REPORT MONTH**

	#Carried Over from Last Month		# of New Admissions This Month		Total # Served This Month		# Leaving Shelter This Month		# in Shelter at End of Month
Number of Adults		+		=		-		=	
Number of Children		+		=		-		=	
Totals									

1. Number of physically disabled persons who received shelter during this report month. \_\_\_\_\_
2. Number of children in shelter (grades K-12) who attended school or were home schooled during this report month. \_\_\_\_\_
3. Number of children in shelter who received home schooling during the month. \_\_\_\_\_
4. Number of school age children in shelter who did not attend school or receive home schooling. Please explain why. \_\_\_\_\_  
 \_\_\_\_\_

**B. CRISIS CALLS STATISTICS**

1. Number of families **requesting** shelter. \_\_\_\_\_
2. Number of D.V. shelter-eligible families who were **not admitted** to your shelter but referred to other shelters. \_\_\_\_\_

**C. OUTREACH SERVICES PROVIDED**

1. Number of individuals requesting outreach services (includes by phone and walk-ins). \_\_\_\_\_
2. Number of children your agency reported to law enforcement or Child Protective Services for investigation of possible abuse, neglect or sexual abuse. \_\_\_\_\_
3. Number of elders for whom your agency made reports to law enforcement or Aging and Adult Services for investigation of possible abuse, neglect or sexual abuse \_\_\_\_\_

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Contract # \_\_\_\_\_

**D. PERSONNEL**

1. Number of bilingual staff members for the report month. \_\_\_\_\_

List all staff and volunteer positions that have either been newly filled or vacant for the majority of the month.

POSITION NAME OR JOB DESCRIPTION	STAFF NAME	DATE FILLED OR VACATED

2. Explain the need for any new positions or additional staffing.

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3. Explain how any newly vacant position(s) this month will be handled to ensure that full program services continue to be provided pending filling the vacancy.

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4. Describe your agency's volunteer program for this report month, include community outreach, training, etc.

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Contract # \_\_\_\_\_

**D. PROGRAM NARRATIVE**

Please comment on this month's successes.

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Please describe on any unmet/undermet services to victim/perpetrators/children in your area.

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Please explain the need for any consultation, training and other technical or supportive services needed for your agency's program.

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